

SERIAL NUMBER 09/456,110	FILING DATE 12/07/99	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 001/001
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APPLICANT  
XIA LUO, LOS ANGELES, CA; SCOTT M. EVANS, SANTA ANA, CA; WILLIAM J. WORTHEN, COTO DE CAZA, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

\_\_\_\_\_  
\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\_\_\_\_\_  
\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

\_\_\_\_\_  
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/10/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
Examiner's Initials \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
ARLYN L ALONZO ESQ  
15770 LAGUNA CANYON ROAD SUITE 150  
IRVINE CA 92618-3808

TITLE  
METHOD AND SYSTEM FOR TREATING STROKE USING HYPOTHERMIA

FILING FEE RECEIVED \$596	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5994

SERIAL NUMBER 09/456,110	FILING DATE 12/07/1999 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 001/001
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## APPLICANTS

XIA LUO, LOS ANGELES, CA;  
 SCOTT M. EVANS, SANTA ANA, CA;  
 WILLIAM J. WORTHEN, COTO DE CAZA, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/10/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>Michael Hayes</i> Examiner's Signature <i>Initials</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	4	44	2

## ADDRESS

Arlyn L Alonso Esq  
 Alsius Corporations  
 15770 Laguna Canyon Road Suite 150  
 Irvine, CA 92618

## TITLE

METHOD AND SYSTEM FOR TREATING STROKE USING HYPOTHERMIA

FILING FEE RECEIVED 632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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